

Parathyroid Hormone Analogs**Evenity (romosozumab-aqqg), Forteo (teriparatide), Tymlos (abaloparatide)**

Member and Medication Information (required)		
Member ID:		Member Name:
DOB:		Weight:
Medication Name/ Strength:		Dose:
Directions for use:		
Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992		

Criteria for Approval (all of the following must be met):

- ☐ Diagnosis of one of the following:
- ☐ Postmenopausal osteoporosis. Chart note page #: _____
 - ☐ Osteoporosis due to sustained systemic glucocorticoid therapy. (**Forteo only**). Chart note page #: _____
 - ☐ Osteoporosis due to primary hypogonadism in males. (**Forteo only**). Chart note page #: _____
- ☐ Very High risk for fracture defined as:
- ☐ Intolerance to antiresorptive therapy (bisphosphonates, denosumab) **OR**
 - ☐ Osteoporotic fracture while on antiresorptive therapy **OR**
 - ☐ Previous osteoporotic fracture **OR**
 - ☐ ≥ 40 years old with one of the following:
 - ☐ T-score ≤ -2.5 at the femoral neck or spine
 - ☐ T-score between -1.5 and -2.0 with a 10-year probability of major osteoporotic fracture ≥ 20% or hip fracture ≥ 3%

Note:

- ❖ **Boxed warning:** Parathyroid hormone analogs are not recommended for use in patients with increased risk for osteosarcoma (e.g. Paget's disease of bone, unexplained elevations of alkaline phosphatase, open epiphyses, bone metastases or skeletal malignancies, hereditary disorders predisposing to osteosarcoma, or prior external beam or implant radiation therapy involving the skeleton) or who have an underlying hypercalcemic disorder (e.g. primary hyperparathyroidism).
- ❖ **Boxed warning:** Evenity (romosozumab-aqqg) may increase the risk of myocardial infarction, stroke, and cardiovascular death. It should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Consider whether the benefits outweigh the risks in patients with other cardiovascular risk factors. If a patient experiences a myocardial infarction or stroke during therapy, therapy should be discontinued.

Initial Authorization: Up to 12 months for Evenity, up to 24 months for Forteo and Tymlos.**Re-authorization:** None, lifetime limits apply.**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature_____
Date